

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-019670

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 120

Primary Registration District No. _____

Registrar's No. 48

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
MEDICAL CERTIFICATIONRegistration District No. 120
FILED MAY 23 1963

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Albany</u>		c. CITY OR TOWN <u>Albany</u>	
Length of stay in 1b <u>17 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Plainview Rest Home</u>	
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>WYATT</u> Last <u>THOMPSON</u>		4. DATE OF DEATH Month <u>May</u> Day <u>18</u> , Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/12/1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming handiman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>	11. BIRTHPLACE (City and state or country) <u>Gentry Co., Missouri</u>
13a. FATHER'S NAME <u>George B. Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Day</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Mrs. Roy Petry</u> <u>Albany, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) <u>Hydrostatic Pneumonia</u> DUE TO (c) <u>Repeated cerebral Hemorrhages</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>17 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>5-16-63</u> to <u>5-18-63</u> and last saw him alive on <u>5-18-63</u>		21. Death occurred at <u>5:00 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>D. D. McNeill</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Albany, Mo.</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>McFall</u>		22d. LOCATION (City, town, or county) (State) <u>McFall, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>May 20, 1963</u>	
24. FUNERAL DIRECTOR <u>Brooks-Cochell Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>5-19-63</u>	
ADDRESS <u>Albany, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAY 24 1963

Rec'd 5-19-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Coohill

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.